

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Douglas M. Carson

Application No.: 10/779,437

Filed: 02/13/04

For: IDENTIFIER TAG TO TRACK LAYERS IN A MULTI-LAYER OPTICAL DISC

**CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(i)(1)(C))**

I hereby certify that on May 5, 2008 the following correspondence:

Name of Paper: Response to Office Action and Transmittal


Number of Pages: 21

Fees: Extension of Time

Amount: \$1,050.00

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is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4) at \_\_\_\_\_ local time.

  
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Telephone Number: 405-232-0621

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\_\_\_\_\_  
Type or print name of person certifying

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Douglas M. Carson**  
 Application No.: **10/779,437** Group No.: **2627**  
 Filed: **02/13/2004** Examiner: **Henok G. Heyi**  
 For: **IDENTIFIER TAG TO TRACK LAYERS IN A MULTI-LAYER OPTICAL DISC**

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months: Fee: \$1,050.00

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|  | (Col. 1)                                  | (Col. 2)                             | (Col. 3)         | SMALL ENTITY        |               |      |
|--|---|--------------------------------------|------------------|---------------------|---------------|------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDIT.<br>FEE |      |
| TOTAL  | 30  | — 31                                 | = 0              | x \$ 25.00          | = \$          | 0.00 |
| INDEP.   | 4   | — 4                                  | = 0              | x \$ 105.00         | = \$          | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                  | + \$ 0.00           | = \$          | 0.00 |
|  |   |                                      |                  | TOTAL<br>ADDIT. FEE | \$            | 0.00 |

No additional fee for claims is required.

### FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,050.00 to Credit card as shown on the attached electronic credit card information authorization.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account 06-0540.

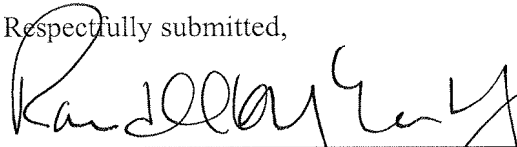
### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.  
If an additional fee for claims is required, charge Account No. 06-0540.

Date:

5/5/08

Respectfully submitted,



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